Section C 510(k) Summary (21 CFR 807.92)

510(K) Summary

"This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92."

"The assigned 510(k) number is: (12035)

Premarket Notification [510(k)] Summary

Submitter's name: Hongxin Plastic Products Co.,Ltd.

Submitter's address: No. 899-1 Hengtong Road, Zhoucun, Zibo,

Shandong,255300 China

Phone number : 0086-13831119188

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Name of contact person: Mr.Guan Zhenfeng

Date the summary was prepared: 2012-01-23

Device Name: Powdered Free Vinyl Patient Examination Gloves,

Clear (non-colored)

Proprietary/Trade name: Powdered Free Vinyl Patient Examination Gloves,

Clear (non-colored).

Other clients private labeling

Common Name: Exam gloves

Classification Name: Patient examination glove

Device Classification: 1

Regulation Number: 21 CFR 880.6250

Panel: General Hospital (80)

Product Code: LYZ

Class I* Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored) that meets all of the requirements of ASTM D 5250-06 e1.

Predicate device: Powder-Free Vinyl Patient Examination Glove (Non-colored) Zhang Jia Gang Fengyuan Plastic Product Co., Ltd. K091663.

Device Description: Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored) are disposable devices which made of PVC material intended for medical purpose that worn on examiner's hand or finger to prevent contamination between patient and examiner and they meets all of the requirements of ASTM standard D 5250-06 e1.

Device Intended Use (Indication for use): Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored) is a disposable device intended for medical purposes that is worn on the examiner's hand or finger to prevent contamination between patient and examiner.

A summary of the technological characteristics of new device compared to the predicate device.

The Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored), non sterile are summarized with the following technological characteristics compared to ASTM or equivalent standard.

Characteristics	Standard	Device performance		
Dimension	ASTM standard D 5250-06 e1.	Meets		
Physical Properties	ASTM standard D 5250-06 e1.	Meets		
Freedom from pinholes	21 CFR 800.20	Meets		
Powder Residual	ASTM standard D 5250-06 e1 and D6124-06	Meets <2mg/glove		
Biocompatability	Primary Skin Irritation in rabbits ISO 10993-10	Passes Not a Primary Skin Irritation		
	Dermal sensitization in the guinea pig ISO 10993-10	Passes Not a Dermal sensitization		

A brief discussion of the nonclinical submitted, reference, or relied on in the premarket notification submission for a determination of substantial equivalence.

Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored), meet requirements per ASTM D5250-06 e1, per ASTM D6124-06, per 21 CFR 800.20 and ISO 10993-10: 2002/Amd.1:2006.

The performance test data of the non clinical tests that support a determination of substantial equivalent is the same as mentioned immediately above.

A brief discussion of the clinical submitted, reference, or relied on in the premarket notification submission for a determination of substantial equivalence.

Clinical data is not needed for gloves or for most devices cleared by the 510(k) process.

The conclusions

It can be concluded that the Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored) meet the ASTM standard or equivalent standard and FDA requirements for waterleak test on pinhole AQL., meet labeling claims.

It can be concluded that the Powdered Free Vinyl Patient Examination Gloves, Clear (non-colored) is as safe, as effective, and performs as well as the predicate device, Powder-Free Vinyl Patient Examination Glove (Non-colored) Zhang Jia Gang Fengyuan Plastic Product Co., Ltd. K091663.





Food and Drug Administration 10903 New Hampshire Avenue Document Control Room –WO66-G609 Silver Spring, MD 20993-0002

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Road Hai Di, Beijing
China 100083

MAR - 6 2012

Re: K120358

Trade/Device Name: Powdered Free Vinyl Patient Examination Gloves, Clear

(non-colored)

Regulation Number: 21 CFR 880.6250

Regulation Name: Patient Examination Gloves

Regulatory Class: I Product Code: LYZ Dated: January 23, 2012 Received: February 6, 2012

Dear Mr. Xiaoan:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony D. Watson, BS, MS, MBA

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Section B Indications for Use

INDICATIONS FOR USE

Applicant: Hongxin Plastic Prod	lucts Co.,Ltd.			
510(k) Number (if known): * K	120358	i .		
Device Name: Powdered Free Vin	yl Patient Exam	ination Gloves, C	lear (non-co	olored)
Indications For Use:				
Powdered Free Vinyl Patient Exam	ination Gloves	, Clear (non-colo	ored) is a	non-sterile
disposable device intended for medi-	cal purposes th	at is worn on th	e examiner	's hànd or
finger to prevent contamination between	en patient and e	xaminer.		
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Prescription Use AND/0 (Part 21 CFR 801 Subpart D)		Over-The-Counter Us FR 801 Subpart C)	se <u>X</u>	- ·
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(PLEASE DO NOT WRITE BELOW THIS I	LINE-CONTINUE	ON ANOTHER PA	GE IF NEED	ED)
Concurrence	of CDRH, Office	of Device Evaluatio	n (ODE)	

(Division Sign-Off)

Division of Anesthesiology, General Hospital Infection Control, Dental Devices

510(k) Number: K12 03 58

Section B

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